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ABSTRACT

This study was conducted to measure the progress that states have made with regard to the 14 components in Part H of Public Law 99-457, after about 1 year of funding. Forty-seven State Part H Coordinators completed and returned the State Progress Scale between January and April of 1989. For each of the 14 components, progress was assessed in three areas: policy development, policy approval, and policy implementation. Results of the study indicate: (1) every state has made some progress in several of the 14 components; (2) states have made more progress in policy development than in policy approval or implementation; (3) the area of policy development in which the most progress was reported was "definition of developmentally delayed"; and (4) the areas of least progress related to financial issues and interagency coordination. Results show that many states will have trouble in meeting the 1990 timeline required by the legislation. A number of options are presented as possible federal solutions to encourage states to implement the law and help states avoid the problem of non-compliance. A 12-item bibliography concludes the paper. (JDD)

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# Carolina Institute for Child and Family Policy

## STATES' PROGRESS RELATED TO FOURTEEN COMPONENTS OF PL 99-457, PART H

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## EXECUTIVE SUMMARY

This study was conducted by the Carolina Policy Studies Program in order to measure the progress that states have made in policy development, policy approval, and policy implementation with regard to the fourteen components in Part H of PL 99-457, after about one year of funding. Although Part H of PL 99-457 has the same requirements for all states, states are likely to be at varying levels in their readiness to implement the fourteen components. In order to assess the different levels of progress of the states, an instrument designed to reflect the developmental nature of the policy process was developed and sent to the Part H Coordinator in each state plus the District of Columbia. Forty-seven state Part H Coordinators completed and returned the State Progress Scale between January and April of 1989. All data were gathered before the publication of the Federal Regulations for Part H.

For each of the 14 components, progress was assessed in three areas: policy development, policy approval and policy implementation. Each respondent was asked to rate progress on each of the three levels for each of the 14 components, using a five point scale.

Results of this study indicate:

*Every state has made some progress in several of the 14 components. States ranged from making progress on as few as 7 of the 14 components to progress on all 14 components.

*States have made more progress in policy development than in policy approval

or implementation.

*The area of policy development in which the most progress was reported was "definition of developmentally delayed".

*The areas of least progress related to financial issues and interagency coordination.

Results of this study indicated that every state has made some progress on at least half of the 14 components. This is an impressive achievement, considering the complexity and number of participants in the policy development and approval process. For some states this progress was made despite a lack of history of early intervention services for infants and toddlers, as well as the existence of other barriers such as a change in Governor, delay in appointing an Interagency Coordinating Council (ICC), or major changes in Part H personnel.

It appears, from this study, that those components affecting multiple agencies, multiple branches of government and multiple levels of government are going to be the most difficult for obtaining consensus and acceptance in policy making. These components are related to financial issues and interagency coordination.

It appears that many states will have trouble (even with a waiver in year three) in meeting the 1990 timeline required by the legislation. This is not because states are not making serious efforts, but because the nature of the expectations outlined in the law may be unrealistic for some states, due to the numerous complex interagency, finance, and other service delivery issues. Therefore, unless some remedies are used by the federal government, several states are likely to be ineligible to participate

in the fall of 1990. It is critical that the federal government find solutions that encourage states to implement both the letter and intent of the law. A number of options are presented as possible ways to avoid the problem of non-compliance.

## INTRODUCTION

The passage of PL 99-457, The Education for the Handicapped Amendments of 1986, provides both a challenge and an opportunity for all of those individuals who are committed to early identification and intervention for children with disabilities (and those at risk of disabilities), and their families (McNulty, 1989; Gallagher, Harbin, Thomas, Clifford, & Wenger, 1988). In exchange for modest financial resources from the federal government, states are required to develop a comprehensive, interagency, multidisciplinary, coordinated system of early intervention services. The sweeping requirements of this federal legislation mandate certain reforms and changes in the current service system - in both the provision and finance of services. In the past, services have been fragmented and families were required to go from agency to agency in order to obtain the needed services for their children (Gans & Horton, 1975). In order to remedy this fragmented, inaccessible and uneven service system, Congress passed PL 99-457.

Part H of PL 99-457 describes 14 components of a comprehensive service system that states at a minimum must address. Table 1 provides a brief listing of these 14 required components. A previous study by Meisels, Harbin, Modigliani, & Olson (1988), indicated that an average of three to four agencies had major responsibilities for providing and administering services prior to PL 99-457. For example, several agencies were responsible for child-find, screening, diagnostic assessment, and case management.

Table 1

**Minimum Components of a Statewide Comprehensive System for the Provision of Appropriate Early Intervention Services to Infants and Toddlers with Special Needs**

1. Definition of developmentally delayed.
2. Timetable to all in need in the state.
3. Comprehensive multidisciplinary evaluation on needs of children and families.
4. Individualized family service plan and case management services.
5. Child find and referral system.
6. Public awareness.
7. Central directory of services, resources, experts, research and demonstration projects.
8. Comprehensive system of personnel development.
9. Single line of authority in a lead agency designated or established by the governor for carrying out:
   a. General administration and supervision.
   b. Identification and coordination of all available resources.
   c. Assignment of financial responsibility.
   d. Procedures to ensure services are provided and to resolve intra and interagency disputes.
   e. Entry into formal interagency agreements.
10. Policy pertaining to contracting or making arrangements with local service providers.
11. Procedure for timely reimbursement of funds.
12. Procedural safeguards.
13. Policies and procedures for personnel standards.
14. System for compiling data on the early intervention program.

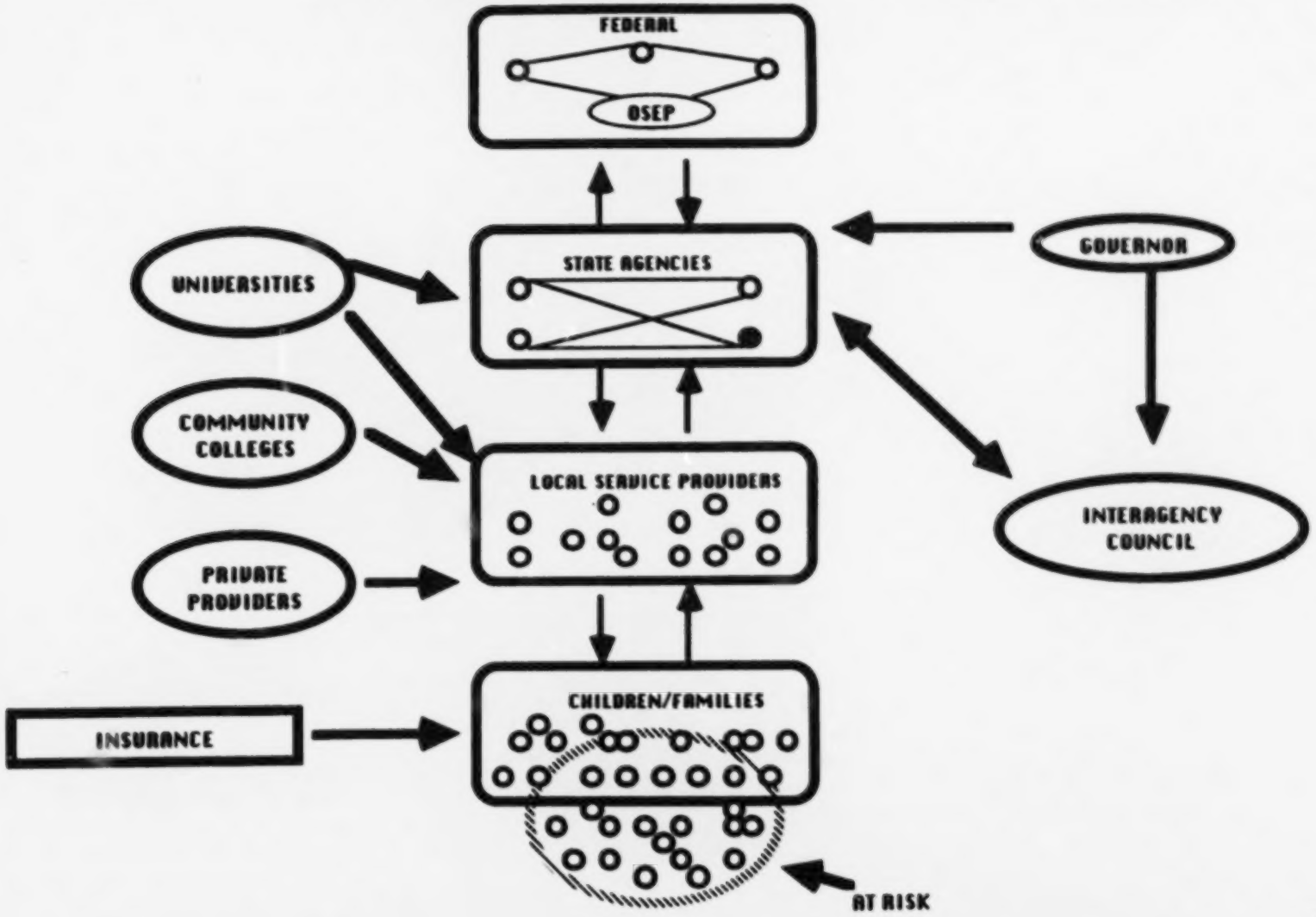
In most instances the way a particular component was carried out in each agency (e.g. case management) was very different, and often based upon the requirements of various disparate pieces of federal legislation (Harbin & McNulty, in press). Thus, it is easy to see that the requirements, and hence the efforts related to coordination, are going to be major in most states.

This legislation is also impressive in its scope, and if it is to succeed, is likely to affect every relevant state and local agency, with the likelihood of actively involving the Governor's office and legislature in either a periodic or on-going way. Part H of PL 99-457 will also have some influence on universities, hospitals, community colleges, physicians, private service providers, and insurance providers. Figure 1 depicts the immense scope of influence of this legislation, which is likely to affect families, local and state government, and the private sector of service delivery, as well.

As states have begun the implementation of this federal legislation (PL 99-457), they have begun the long and time-consuming process of coordinated policy development, approval and implementation. The law contains timelines that must be met if states are to remain eligible to receive funding for this program. States must have a policy in place (developed and approved) by the fall of 1989, or if granted a waiver, by 1990.

Figure 1

# STATE IMPLEMENTATION OF P. L. 99-457 (PART H)



## PURPOSE

The purpose of this policy study is to measure the overall or general progress that states have made in policy development, approval and implementation related to the 14 components required in Part H of PL 99-457 after approximately one year of funding. It is the intention of the Carolina Policy Studies Program (CPSP) to continue to measure this progress over time, in order to describe the gains made by states related to this complex endeavor.

Complimenting this study is a series of investigations by CPSP that address, in a more detailed way, the progress in many of the individual 14 components such as definition and eligibility, IFSP, comprehensive system of personnel development, etc. (Place, Gallagher, & Harbin, 1989; Harbin, Terry, & Daguio, 1989).

## METHODOLOGY

Since there was no instrumentation available to measure overall state progress in the implementation of PL 99-457, it was necessary to develop such an instrument. This section contains a brief description of the content of the scale, scale development, and procedures for administration.

### State Progress Scale Description

It was determined that for the purposes of this study the use of a scale was preferable to a survey. It is difficult to measure gain in complex areas such as "policy for timely reimbursement" utilizing the typical dichotomous responses of "yes" and "no" contained in most surveys. Quite often states are at some point on a continuum

between having not yet started policy development and having completely finished policy development. The use of a 5 point scale can demonstrate more variance than a 2 point (yes, no) scale, thus enabling us to more easily depict both the diversity of state progress, as well as the gains from one year to the next.

The State Progress Scale has 14 different items addressing each of the components in the law. There are three items that have more than one part because the component in the law addressed two different, but related areas. Component four in Part H of PL 99-457, addresses the Individual Family Service Plan (IFSP) and also mentions case management. Since both of these areas need to be addressed but are also separate, it was decided that component four should contain two questions: part A - development of the IFSP; and part B - case management services. Component nine contained a question relating to procedures for assigning financial responsibility, and a separate question addressing interagency agreements and dispute resolution. The third component with multiple parts was component thirteen - professional standards for adequately trained professionals. This question asked respondents to address the professions listed in the law and, in addition, asked them to address day-care workers as well.

The status of the states' progress on each of the 14 components in Part H of PL 99-457, is measured on 3 different levels: <u>policy development</u>, <u>policy approval</u>, and <u>policy implementation</u>. Each of these 3 levels has many different steps in order to obtain completion of that level. For example, in policy development related to developing a definition of developmentally delayed, there are several critical steps to be undertaken for the

completion of policy development. Some of these steps are: (1) an analysis of definitions and eligibility criteria policies across agencies; (2) information collected regarding who is and who is not currently being served; (3) information collected regarding problems with current policies; (4) review of the literature and information regarding other states' policies; (5) field-test/pilot one or more of the definitions and assess the results; (6) create a task force to draft a definition; (7) distribute draft widely at state and local levels; (8) collect reactions to the draft; and (9) revise the draft. States are likely to be at different places in this policy development sequence.

For a variety of reasons, some states may not have undertaken or begun the development of a policy (rating of 1); some states may have just begun to think about and discuss what the policy should entail (rating of 2); other states may have a task force or work group that has begun to draft a policy and get reactions from a variety of individuals (rating of 3); in some states the policy may have undergone several revisions, but policy developers feel this draft is nearly final (rating of 4); other states will have a policy that is fully developed and in final draft (with unofficial approval) (rating of 5). Thus, for one of the 14 components a state may not have begun policy development (rating of 1), while for another component the same state may have a completely developed policy (rating of 5). (See Table 2 for a sample item which contains these 3 important policy levels).

## Table 2

### Sample Item from "A Scale to Measure Progress in the Implementation of PL 99-457, Part H"

I. Definition

**TO WHAT EXTENT HAS THE STATE BEEN INVOLVED IN THE PROCESS OF DEFINING THE TERM "DEVELOPMENTALLY DELAYED" AS REQUIRED IN PL 99-457, PART H.?**

| | |
|---|---|
| | 1. No policy is being developed as yet |
| | 2. |
| **POLICY DEVELOPMENT** | 3. In process of developing policy concerning definition. |
| | 4. |
| | 5. Policy has been developed |
| | --- |
| | 1. Have not begun process to obtain approval of policy. |
| | 2. |
| **POLICY APPROVAL** | 3. In process of gaining official approval. |
| | 4. |
| | 5. Policy has been officially approved/adopted |
| | --- |
| | 1. Have not begun to implement policy |
| | 2. |
| **POLICY IMPLEMENTATION** | 3. In process of implementing policy |
| | 4. |
| | 5. Policy is fully implemented |

****CIRCLE ONE NUMBER IN EACH CATEGORY ABOVE**

Policy development, policy approval, and policy implementation are considered as three distinct processes requiring different types of activities. In many instances, though, it is possible for the state policy makers to be working on all three levels simultaneously. Therefore, states were asked to rate their progress on a 5 point scale for each of these three levels (development, approval, implementation) on each of the 14 components of the legislation.

**State Progress Scale Development**

Each item in the State Progress Scale was developed to reflect the language of the law. The items were reviewed by other CPSP investigators, an expert in the development of scales, and a group of experts in various facets of early intervention and state policy development (the CPSP National Advisory Board). Based upon these reviews, revisions were made. The State Progress Scale was reviewed once again by the National Advisory Board, who recommended that the scale be administered quickly.

**State Progress Scale Administration**

The scale was sent to the Part H Coordinator in each state. Completion of the scale required a sufficient amount of information about all of the activities taking place in a state related to the development of a comprehensive, coordinated, multidisciplinary, interagency system of services. While there are numerous individuals within each state participating at some level in policy development, the only person who likely is going to be aware of all of the activities or the "big picture", consistently, across states is the Part H Coordinator.

There are 2 major drawbacks to this selection: (1) this relies on the perception of only one person; and (2) it is possible that if there is a change in Part H Coordinators, the next Part H Coordinator will rate the state differently. We intend to use results of other CPSP studies (i.e. eligibility, IFSP) and comprehensive case studies to check the accuracy of the ratings on the State Progress Scale.

The State Progress scale was mailed out in late December, 1988. By mid January roughly half of the Part H Coordinators had completed and returned their scales. There were two follow-up phone calls asking Part H Coordinators to complete and return the scale, setting the final deadline of April 15, 1989. It should also be noted that states completed the scale prior to the issuance of the Regulations by OSEP.

## RESULTS

Part H Coordinators from forty-seven states completed and returned the State Progress Scale (a 92% return rate), designed to measure progress in policy development, approval and implementation for Part H of PL 99-457.

Examination of the data from this scale, as reported by states, presented some interesting results:

* Every state has made some progress in several of the components. States ranged from making progress on as few as 7 of the 14 components to progress in all of the 14 components.
* States have made more progress in policy development than in policy approval and implementation.

* The entire range of the scale from 1-5 was used for all 3 levels: policy development, policy approval, and policy implementation.
* The area of policy development in which the most progress was reported was "definition of developmentally delayed."
* The areas of least progress related to financial issues (assignment of financial responsibility, timely reimbursement) and interagency agreements and dispute resolution.

**State Progress Scale Findings**

Results from each question on the scale will be described briefly. Tables 3, 4, and 5 display responses to the 1-5 scale for policy development, approval and implementation for all components in Part H of PL 99-457. Table 6 presents the ranking of each component according to reported progress across all states.

**Define Developmentally Delayed.** This is the component in which states report making the most progress in the area of policy development. Every state, except one, had begun the development of a policy related to defining developmentally delayed as required by PL 99-457. There were 14 states that indicated they had a completely developed policy in this area, with 8 states indicating nearly completed policy development. The greatest number of states saw themselves at the mid-point in policy development. Only 3 states reported that they were at the beginning of the policy development process for defining developmentally delayed.

Many states (26) also indicated that they were in the process of obtaining policy approval for the definition of developmentally

## Table 3

### STATE IMPLEMENTATION PROGRESS
### P.L. 99-457, PART H
### (Policy Development -- 47 States Reporting- April, 1989)

| | Requirements | Not Developed | | In Process | | Developed |
|---|---|---|---|---|---|---|
| 1. | Define "developmentally delayed". | 1 | 2 | 22 | 8 | 14 |
| 2. | Timetable development. | 12 | 9 | 15 | 3 | 8 |
| 3. | Procedures for multidisciplinary evaluation. | 3 | 9 | 21 | 8 | 6 |
| 4a. | Procedures -- IFSP plan. | 3 | 7 | 24 | 9 | 4 |
| 4b. | Procedures for case management. | 4 | 9 | 24 | 5 | 5 |
| 5. | Child-find systems. | 4 | 9 | 22 | 6 | 6 |
| 6. | Develop public awareness system. | 6 | 10 | 20 | 6 | 5 |
| 7. | Develop central directory of services. | 2 | 6 | 18 | 9 | 12 |
| 8. | Systems of personnel development. | 5 | 10 | 25 | 3 | 4 |
| 9a. | Procedures -- assign financial responsibility. | 13 | 10 | 20 | 3 | 1 |
| 9b. | Interagency agreements and dispute resolution. | 10 | 11 | 18 | 3 | 5 |
| 10. | Procedures for contracting services. | 6 | 6 | 13 | 8 | 14 |
| 11. | Policy for timely reimbursement. | 16 | 11 | 12 | 2 | 6 |
| 12. | Develop procedural safeguards. | 11 | 8 | 14 | 4 | 10 |
| 14. | Develop data systems. | 5 | 9 | 21 | 7 | 4 |

## Table 4

### STATE IMPLEMENTATION PROGRESS
### P.L. 99-457, PART H
### (Policy Approval -- 47 States Reporting - April, 1989)

| | Requirements | Not Approved | | In Process | | Approved |
|---|---|---|---|---|---|---|
| 1. | Define "developmentally delayed". | 14 | 11 | 12 | 3 | 7 |
| 2. | Timetable development. | 26 | 8 | 8 | 1 | 4 |
| 3. | Procedures for multidisciplinary evaluation. | 23 | 11 | 7 | 1 | 5 |
| 4a. | Procedures -- IFSP plan. | 23 | 12 | 8 | 2 | 2 |
| 4b. | Procedures for case management. | 24 | 12 | 6 | 2 | 3 |
| 5. | Child-find systems. | 20 | 11 | 9 | 2 | 5 |
| 6. | Develop public awareness system. | 24 | 8 | 9 | 1 | 5 |
| 7. | Develop central directory of services. | 15 | 11 | 10 | 3 | 8 |
| 8. | Systems of personnel development. | 21 | 18 | 4 | 2 | 2 |
| 9a. | Procedures -- assign financial responsibility. | 33 | 6 | 6 | 1 | 1 |
| 9b. | Interagency agreements and dispute resolution. | 27 | 9 | 6 | 2 | 3 |
| 10. | Procedures for contracting services. | 17 | 5 | 7 | 7 | 11 |
| 11. | Policy for timely reimbursement. | 32 | 6 | 4 | 0 | 5 |
| 12. | Develop procedural safeguards. | 20 | 7 | 9 | 2 | 9 |
| 14. | Develop data systems. | 19 | 16 | 6 | 2 | 3 |

## Table 5

### STATE IMPLEMENTATION PROGRESS
### P.L. 99-457, PART H
### (Policy Implementation -- 47 States Reporting - April, 1989)

| | Requirements | Not Implemented | | In Process | | Implemented |
|---|---|---|---|---|---|---|
| 1. | Define "developmentally delayed". | 25 | 11 | 7 | 1 | 3 |
| 2. | Timetable development. | 28 | 9 | 8 | 0 | 2 |
| 3. | Procedures for multidisciplinary evaluation. | 29 | 6 | 9 | 1 | 2 |
| 4a. | Procedures -- IFSP plan. | 30 | 9 | 8 | 0 | 0 |
| 4b. | Procedures for case management. | 29 | 9 | 5 | 2 | 2 |
| 5. | Child-find systems. | 26 | 10 | 8 | 1 | 2 |
| 6. | Develop public awareness system. | 31 | 6 | 5 | 4 | 1 |
| 7. | Develop central directory of services. | 24 | 8 | 8 | 5 | 2 |
| 8. | Systems of personnel development. | 31 | 11 | 2 | 1 | 2 |
| 9a. | Procedures -- assign financial responsibility. | 36 | 6 | 3 | 1 | 1 |
| 9b. | Interagency agreements and dispute resolution. | 31 | 8 | 5 | 2 | 1 |
| 10. | Procedures for contracting services. | 22 | 3 | 6 | 6 | 10 |
| 11. | Policy for timely reimbursement. | 37 | 3 | 2 | 1 | 4 |
| 12. | Develop procedural safeguards. | 26 | 6 | 4 | 2 | 9 |
| 14. | Develop data systems. | 31 | 5 | 6 | | 3 |

Table 6

"A SCALE TO MEASURE PROGRESS IN THE IMPLEMENTATION OF PL 99-457, PART H"

Rankings of Policy Development, Approval and Implementation (47 states, April, 1989)

| POLICY DEVELOPMENT | POLICY APPROVAL | POLICY IMPLEMENTATION |
|---|---|---|
| Definition | Contracting Services | Contracting Services |
| Central Directory | Central Directory | Procedural Safeguards |
| Contracting Services | Definition | Central Directory |
| Multidisciplinary Eval. | Procedural Safeguards | Definition |
| IFSP | Child-find | Child find |
| Child-find | Public Awareness | Multidisciplinary Eval. |
| Case Management | Multidisciplinary Eval. | Case Management |
| Data Systems | Data Systems | Timetable |
| Public Awareness | Timetable | Data Systems |
| Procedural Safeguards | Case Management | Public Awareness |
| Personnel Development | IFSP | Interagency Agreements |
| Timetable | Personnel Development | Personnel Development |
| Interagency Agreements | Interagency Agreements | Reimbursements |
| Reimbursements | Reimbursements | IFSP |
| Financial Responsibility | Financial Responsibility | Financial Responsibility |

delayed, while only 7 states reported they had an approved policy. In the area of policy implementation, about half of the states had not yet begun the process of implementing this definition. Only 3 states indicated that their policy regarding the definition of the population to be served was fully implemented. Thus, 14 states had a developed policy, only 7 had obtained approval and only 3 had fully implemented the policy.

It is not surprising that this is the area in which there has been the most activity and progress. To a great extent, the development of many of the other 14 components depends heavily upon who is to be included in this definition (Harbin, Terry, & Daguio, 1989).

**Timetable Development**. In comparison to the reported results concerning policy development in the other 14 components, states reported less progress in this policy area than in most others. Only 3 other components received lower ratings. There were 12 states that had not yet begun the development of the timelines, while 8 states had completely developed this policy. Seventeen states had begun the process of obtaining official approval, while 4 states reported gaining official approval for this policy. Over half of the states (28) had not yet begun to implement this policy and only 2 states reported that this policy was fully implemented.

Perhaps it is not surprising that this is one of the components in which the least progress has been made. It is possible that this requirement is not well understood. It appears that some states are confused about precisely what the timetables are to address. Second, in order to have meaningful and realistic timetables for implementing the service system, an understanding of the nature of

the service system is essential. Broad or general timelines can be developed early, but the complexities of the policy development, approval, and implementation process often require modification (sometimes major) in these timelines.

**Procedures for Multidisciplinary Evaluation**. States reported considerable progress in policy development regarding procedures for multidisciplinary evaluation (ranked 4th in Table 6). All but 3 states had begun policy development in this area, while 6 states reported a fully developed policy. Five states reported official approval for their policies, while only 3 states reported full implementation of the policy. While most states were in the process of developing their policy, many states had not yet begun to obtain official approval and even fewer had begun the process of implementation.

Most lead agencies probably already had a policy relating to a multidisciplinary assessment. Therefore, some states may have chosen to use a former policy. For example, in states where Education is the lead agency, they may feel that this requirement has already been achieved since the EHA, Part B requirements have been in place for several years. It is also possible that policy revisions of existing policies may have been minor, thus making policy development and approval less time-consuming.

Since this component is so closely tied to defining the eligible population, it will be interesting to see if states' policies related to procedures for multidisciplinary assessment change as states revise or change the policy related to the definition of the eligible population.

**Procedures to Develop the IFSP**. In comparison to results from a survey conducted by Place, Gallagher, & Harbin (1989), states have made much progress since the summer of 1988 in the development of policies related to the IFSP. At the time of the Place et al. (1989) survey, 11 states indicated they had not yet begun the process of policy development in this important, yet sensitive area. However, at the time of the completion of this scale, only 3 states indicated they had not yet begun policy development related to the IFSP. It should be noted that the respondent in both studies was the Part H Coordinator.

While states reported substantial progress in IFSP policy development (ranked 5th in Table 6), there was much less progress reported in the area of policy approval (ranked 10th) or policy implementation (ranked 14th). There were 2 states reporting officially approved policies and no state had fully implemented IFSP policies. It is possible that some of the 17 states reporting that they were in the process of implementing IFSP policies are doing so in the form of pilot projects (Place, et al, 1989).

It is not surprising that policies for the IFSP are only partially developed, approved, and implemented. While the importance of this concept is well-documented in the literature, according to Place, et al. (1989), few states had family focused plans prior to the passage of PL 99-457. Most state policies reflected the use of child-focused intervention plans (Gallagher, Harbin, Thomas, Wenger, & Clifford, 1988). Development of policies for the IFSP requires the resolution of many sensitive issues discussed elsewhere, such as how formal IFSPs need to be and whether placing some service in the IFSP means it must be provided (Gallagher, Harbin, Wenger, Thomas, & Clifford,

1988; Place et al, 1989). In an attempt to resolve these critical issues, it appears that many states are also attempting to make IFSPs more meaningful than IEPs, by addressing those issues that are perceived of as negative regarding the development and use of IEPs.

**Procedures For Case Management**. In comparison to the other required system components, states report moderate progress relating to case management (ranked 7th in Table 6). While most states (38) report that they are in the process of developing a case management policy, 4 states report that they have not yet begun and 4 other states report they have a fully developed policy. Three states report that they have officially approved policies, while only 2 states have a fully implemented case management policy.

The level of progress in this area is not surprising considering that many states had several different case management systems in operation. However, most of these case management approaches were designed to coordinate within a single agency instead of across agencies. The development of a coordinated case management system that relates to the IFSP, as well as interagency coordination policies, is likely to be both difficult and time-consuming. Many states are still in the process of addressing many critical issues such as: who will play the role of the case manager, what the functions of the role are, and how case management will be paid for. Therefore, it is understandable that policy development in this area is only partially completed.

**Child-Find System**. States report a moderate amount of progress in developing policy for a systematic child-find process. Six states indicated that they had completed policy development and

six others reported they had almost completed policy development. There were 4 states that had not yet begun policy development. There were 5 states reporting officially approved policies and 2 states reporting full implementation of child-find.

It is not surprising that most of the states (37) report that they are in the process of developing a coordinated child-find system. In most states there existed several different child-find systems, funded by different agencies, targeted to specific populations. The challenge of PL 99-457 is to coordinate those various efforts. An additional challenge is to make sure that the child-find system is designed to find all of the children included in the definition. The child-find system should also be integrally related to the system for multidisciplinary evaluation. It will be up to future studies to address the adequacy of the relationship among these three critical system components - definition of the population to be served, multidisciplinary evaluation and child-find.

**Public Awareness System**. States report moderate progress in the development of a policy related to public awareness. Five states report completed policy development, 6 have not yet begun, while most (36) report that they are in the process of developing policy. Five states report official approval for the public awareness policy and only 2 states have their public awareness policy fully implemented.

Once again, development of policy in this component is related to policy development for other important components: definition of developmentally delayed; child-find; central directory of services; assignment of financial responsibility; and interagency agreements.

**Central Directory of Services**. States report a great deal of progress in the development of policy concerning the Central Directory of services (ranked 2nd). They also report more progress in this component in comparison to others for policy approval (ranked 3rd) and policy implementation (also ranked 3rd). Only 2 states had not yet begun policy development, while 12 states indicated they had completed policy development. As many as 8 states reported their policies had been officially approved and 2 of those states had fully implemented the policy.

In many states a great deal of work had already taken place prior to PL 99-457 to develop a directory of services. While some states had developed a list of service providers and had begun to put this list onto a computer, other states had begun to develop an Information and Referral system for parents and service providers in order to use this directory of services. In many instances, however, different agencies had developed different directories. The challenge, then, becomes to coordinate these lists or directories. The availability of computer technology may facilitate the coordination of these various lists into a single list. However, many of these lists focused primarily on services for other ages (i.e., 3-5 year olds). Therefore, while previous lists of services existed, the question should be asked concerning the relevancy of these lists to the birth to three population.

This component is not as sensitive, perhaps, as some of the others, thus partially explaining the level of progress in this component. In many instances, it is also possible that this is a good area in which to begin collaboration because it gives agencies a concrete project, with a usable product, to work on collaboratively.

It appears to be less threatening to describe "what is", as opposed to trying to conceptualize "what will be".

While many states have made substantial progress in the development of this component, policy development, approval or implementation may take longer for those states who have adopted a strong philosophy regarding integration and the use of naturally occurring community resources and programs (e.g. YW/MCA programs). Identification and inclusion of these resources into a directory may be more difficult and time-consuming than compiling a disability-oriented directory of services and resources.

**System of Personnel Development**. PL 99-457 lists nine disciplines for providing services to young developmentally delayed children and their families. States must develop a policy that addresses the development of personnel in at least these nine disciplines - both inservice and preservice. States report little progress for this important component (ranked 11th). There were 5 states that had not yet begun policy development, 38 states are in the process of developing a policy, while 4 states indicated they had a policy. Only 2 states had a policy that has been both officially approved and implemented.

Since this component relates to so many different disciplines, it is understandable that policy development in this area has moved slowly. Further complicating this issue is that some states are adding additional disciplines (e.g., day care providers, case managers). It appears that progress in the development of this component is also linked with another one of the other service system components - Personnel Certification and Standards. Many states have indicated great difficulty in getting Universities to

develop training programs due to the absence of financial incentives and/or the lack of state certification and licensing standards for the various disciplines. In addition, some states have had standards/certification for a variety of professions for many years. Some of these states may be using Part H of PL 99-457, as an opportunity to re-examine those requirements in light of their adequacy for birth to three year olds.

**Procedures for the Assignment of Financial Responsibility.** This is the area in which states have made the least progress in policy development, policy approval and policy implementation (ranked 15th). Only 1 state reports a completed policy and 13 indicate they have not yet begun to develop such a policy. Only 1 state indicated that the policy was officially approved, while 33 states have not even begun. Related to policy implementation, 36 states have not yet begun the process, while 1 state has fully implemented the policy addressing procedures to assign financial responsibility.

It is possible that decisions concerning financing the service system are still being conceptualized and negotiated. It appears that there are several factors making progress slower in this component: the complexities of the funding streams, the current diversity of financial authority among agencies, and the confusion over conflicting financial authority which is based upon different (and conflicting) federal statutes.

**Interagency Agreements and Dispute Resolution**. States report making little progress in policy development for this component (ranked 13). Five states, however, do indicate a completed policy in this area, while 10 states report they have not

yet begun policy development, and 32 states are in the process of policy development. Three states report having officially approved interagency agreements that meet the requirements of PL 99-457 and one state has fully implemented this policy.

**Policy for Contracting Services**. States report a great deal of progress in policy development related to contracting for services (ranked 3rd). As many as 14 states indicated this policy was fully developed. Eleven states have a policy that is officially approved (ranked 1st), while 10 states have fully implemented this policy (ranked 1st).

It is likely that many state agencies already have some policies relating to service contracting. Thus, some states may be able to use those existing policies, while a few other states may need only minor revisions.

**Timely Reimbursement**. States report some, but little, progress in the development, approval, and implementation of this finance-related area. There were 6 states reporting that their timely reimbursement policy was fully developed, while 16 states had not yet begun development of this policy. Five states reported having an officially approved policy, while 32 had not yet begun the process to obtain approval. There were 4 states reporting full implementation.

This finance-related component is ranked as one of the lowest in state progress. Perhaps it is because this component is not well understood by state policy makers. It appears in some instances that policy makers are asking: "Timely reimbursement of what?" and "How timely is timely?" It is possible that not much progress will

be made until the requirements and intent of this component are better understood.

**Procedural Safeguards**. States report making moderate progress (tied for 9th) in policy development related to procedural safeguards. There were 11 states that had not yet begun the policy development process, while 10 states indicated the policy was developed. Interestingly, states reported more progress in relation to other components for policy approval (ranked 4th) and policy implementation (ranked 2nd).

Immediately following the passage of PL 99-457, there was quite a bit of concern regarding the adequate development of procedural safeguards that would reflect the complex and dynamic development of infants and their families, as well as the diversity of providers. The data reported for this component appear to show that states have begun to address many issues concerning this component, but as yet have not resolved those issues. For example, discussions in many states have focused on trying to avoid the pitfalls of the due process procedures of PL 94-142, reducing the adversarial relationships created by that process and moving more toward mediation.

**Personnel Certification and Standards**. States were asked to rate the progress on each of the disciplines included in PL 99-457, as well as day care providers. Table 7 depicts the amount of progress made in policy development for each discipline. States report the most progress in the development of standards and certification for special educators, occupational therapists, physical therapists, and psychologists. The least progress reported was for nutritionist and day care providers.

Table 7

**STATE IMPLEMENTATION PROGRESS**
**Professional Standards**
**P. L. 99-457, PART H**
**(Policy Development -- 47 States Reporting - April, 1989)**

| Requirements | Not Developed | | In Progress | | Developed |
|---|---|---|---|---|---|
| A. Special Educators | 9 | 8 | 16 | 2 | 12 |
| B. Occupational Therapists | 11 | 6 | 14 | 3 | 9 |
| C. Physical Therapists | 11 | 6 | 14 | 3 | 9 |
| D. Psychologists | 11 | 7 | 15 | 3 | 9 |
| E. Social Workers | 12 | 6 | 14 | 2 | 6 |
| F. Nurses | 12 | 7 | 13 | 2 | 9 |
| G. Nutritionists | 14 | 6 | 14 | 2 | 3 |
| H. Speech/Language Pathologists | 12 | 6 | 14 | 3 | 9 |
| I. Day Care Workers | 15 | 8 | 11 | 1 | 4 |

Progress in this component appears to be linked to two major factors. First, some states had existing certification and licensing standards for at least some of the disciplines listed in the law. For some of these disciplines (i.e. PT and OT) states are using the standards set forth by the national organizations. Second, the phrase "highest possible standard" requirement in the legislation has created uncertainty and disagreement among policy makers, particularly in those states where there are severe shortages in personnel and the use of para-professionals is being considered. Resolution of these issues is needed before significant progress can be made in this component.

**Data Systems**. States report moderate progress in policy development regarding the development of a data system (ranked 8th). Four states indicated their policies were developed, but 5 states had not yet begun. Three states have an approved data system policy (ranked 8th) and 3 also have fully implemented this policy (ranked 9th).

It is possible that some states are intending to use a previously existing data system. However, in many cases these are single agency data systems that currently don't include all required information. In other instances states intend to aggregate data from a variety of systems. However, the variables collected by these different data systems are not easily aggregated.

## DISCUSSION AND CONCLUSIONS

Data from this study indicate that while states have made progress in implementing Part H of PL 99-457, the rate of progress

has been affected by the interaction of several factors existing within states. States' progress is also hindered by a lack of time and resources and the existence of conflicting federal policies. As a result, a number of states may be unable to meet the mandated timelines within Part H of PL 99-457. This section contains a discussion of these critical factors and addresses three major policy problems to be solved before full implementation can be achieved.

**State Factors Influencing Rate of Progress**

One of the most important and impressive results of this study is that each state has made progress on several of the 14 components. This is particularly noteworthy in light of the many complexities related to the state policy development, approval and implementation process, such as the number and level of participants, the time-consuming nature of the policy process, and the number of agencies and branches of government involved. When, as is the case for Part H of PL 99-457, there is broad-based participation at the policy development level, this quite often lengthens the time it takes for policy development to occur (Place et al., 1989; Harbin et al., 1989).

In many instances, states have also begun the long process of obtaining official approval for a variety of policies. Even when only one agency is involved in policy development, those who actually develop the policy are not, most often, the policy approvers (e.g. high level decision-makers, legislators, etc). Thus, those who develop the policy must inform, explain, and gain the acceptance of high level decision-makers at various stages during the development of the policy. It is often time-consuming to obtain official policy

approval, since the involvement of many high level decision-makers from several agencies is typically necessary.

This progress towards implementation is even more impressive in light of the additional barriers or obstacles that some states have had to overcome. In some states there have been delays in the appointment of an Interagency Coordinating Council (ICC). In other states, Governors have left office and new Governors have changed some of the individuals appointed to the ICC. Lastly, there has been a turnover in the position of the Part H Coordinator or the Director of the lead agency in several states.

Conflicting state agency policies, which often are based upon federal legislation, appear to be one major obstacle to developing a cohesive and coordinated service system. For example, it has been difficult for many states to develop a single definition for developmentally delayed, when there are existing and conflicting definitions in several agencies. While this obstacle results from too many policies, an additional obstacle is the result of too few policy models. There are requirements within Part H of PL 99-457, such as the IFSP, that are essentially new concepts to state policy makers. Thus, policy developers have few models to draw upon as they try to understand the concept, come to consensus, and develop written policies.

It appears from the study results that those policy/component areas affecting multiple levels of government (federal, state, local), have been the most difficult for obtaining consensus and acceptance. The areas relating to finance and interagency agreements are the areas in which states have made the least progress. These are the areas that are currently governed by several agencies and are often

based upon a variety of federal programs and regulations that lack coordination, as mentioned above. It is not surprising, then, that these areas would perhaps take longer for policy development and approval.

**Rate of Progress Compared to Timelines**

The results of the study are troubling, however, when they are examined in light of the required timelines contained within Part H of PL 99-457. These timelines must be met if states want to be eligible to receive federal money for state efforts related to developing a coordinated, multidisciplinary, interagency system of early intervention services. These survey results indicate that many states will be unable to meet the 1989 deadline of having policies developed, let alone approved and in place. In this instance, the law provides the opportunity for states to seek a waiver. This waiver, however, does not push the timelines back indefinitely. Even with a waiver, states must continue to meet the other timelines within the legislation. Two important questions emerge. First, will the states meet the timelines, even with a one year waiver? Second, are the timelines realistic and can anything be done?

**Meeting The Federal Timelines**. It appears that even by working very hard, some states might be unable to meet the 1990 federal legislative timelines. This is true because of a variety of complicating, interacting factors or obstacles mentioned earlier. There is evidence that some states began the policy development process in a better position than other states to develop a coordinated system of services (Meisels, Harbin, Modigliani, & Olson, 1988; Harbin, 1988). The states that began the process with more experience in policy development, and in particular coordinated

policy development, are likely to have less difficulty in meeting the federal timelines. Also those states deciding to use, primarily, a single agency approach to service delivery, utilizing previously existing policies, will be in a better position to meet the federal timelines. However, while these states may be "technically" in compliance, it would be difficult to meet the multidisciplinary, comprehensive, interagency intent of the law, utilizing primarily a single agency approach.

A critical element in Part H of PL 99-457, is interagency coordination and coordinated policy development. The literature relating to interagency coordination describes the numerous barriers to be overcome, as well as the fragile nature of the agreements, decisions and process itself (Campbell & Mazzoni, 1976; Hayes, 1982; Meisels, 1985; Pollard, Hall & Keeran, 1979). At any time, numerous factors can destroy or set back this process. Therefore, the states that began this policy development, approval, and implementation process with less experience and fewer supporting factors are likely to need even more time to develop adequately a comprehensive, interagency, multidisciplinary, coordinated system of early intervention services. Which brings us to the second question: Are the timelines realistic?

**Feasibility of Timelines**. It appears that the timelines may be more realistic for some states than for others. It appears that as many as 50% of the states submitting applications are contemplating seeking a waiver, while several states have not as yet submitted an application for the third year (OSEP, personal communication). According to Gray Garwood, Staff Director of the House Subcommittee on Select Education (personal communication),

Congress felt that the timelines included in the federal legislation were reasonable, given that all states had participated in a similar federal program - PL 98-199. The State Plan Grant Program (PL 98-199) was the forerunner to PL 99-457 in providing financial assistance to states to develop a comprehensive service delivery system for young handicapped children from birth through age five. However, what Congress failed to realize was that in reality states had participated in PL 98-199 for a very short time (2 years for some states and 1 year for others) when PL 99-457 was enacted, and that PL 99-457 "changed the rules" in some very critical ways.

First, PL 98-199 recognized the time-consuming nature of policy development by including 5 years for planning, policy development and approval, while PL 99-457 provides 2 years. Second, in nearly two-thirds of the states the lead agency changed from Education (under PL 98-199) to Health, Developmental Disabilities or some other Human Services agency (under PL 99-457). Lastly, PL 99-457 changed some of the requirements for participation by adding additional requirements (such as the Interagency Coordinating Council) and adding specifics to requirements that had been written in more general terms in PL 98-199 (such as delineating the required service system components). In other words PL 99-457 is more prescriptive than PL 98-199.

States' ability to meet the timelines is also affected by the scope and breadth of the requirements of PL 99-457. This legislation asks states to change a fragmented service structure with separate policies, into a coordinated system, with a coordinated structure, with coordinated policies. Conceptualizing and obtaining agreement for this type of system takes time.

Complicating this policy development task is a lack of understanding concerning what constitutes a policy. Many states are unclear about who should approve the policy (e.g., the Governor, Legislature, Commissioner, State Agency Board, all of the other Commissioners, ICC, etc). They are also unclear as to the type, level of specificity, and number of policies that are needed, in order to be in compliance with the letter, as well as the intent of the federal law.

Those states that are not as far along in the implementation of this legislation, requiring more time, and needing the most help or support, may not continue to be eligible if the current timelines are adhered to, unless some policy adaptations are made. It is also possible that pushing states to meet the timelines of this law may be counter-productive to the states' commitment to meet the intent of the law.

**Addressing Major Barriers to Implementation**

It appears that many states have neither the time nor the resources necessary to develop an adequate system of early intervention services within the timeframe required and are further hindered in their attempts by conflicting federal policies. If all states are to continue to participate in this important program these 3 major problems areas must be addressed: (1) legislated timelines (2) sufficient resources (3) contradictory federal policies.

**Timelines.** It is necessary to have timelines for continued eligibility. One obvious policy option or potential remedy would be for Congress to push back the timelines 1 to 2 years. While on the surface this might appear to solve the problem, there are other potential consequences to be considered. First, it might be difficult

to get Congressional support for an amendment. Second, such a change might anger or demoralize all of those individuals who have been working so hard in their states to meet the timelines, and lessen their efforts and commitment. Third, it might make it difficult in some states to sustain the efforts of decision makers, who only make difficult decisions when there is a deadline. Therefore, instead of attempting to address the problem of adequate time to develop a system of services by changing the timelines in the legislation, the federal government may want to consider a variety of other remedies that would make it easier for states to meet the mandated timelines.

**Sufficient Resources.** In order to address the problem of sufficient resources, financial incentives could be used to encourage states to meet the timelines. One possible option would be to freeze states seeking a waiver at the current level of funding. Their allocation would be increased to a higher level of funding when they could indicate they were in compliance with the legislation. Such a prospect could be made possible through additional funds appropriated by Congress. Other policy options include: providing a bonus in the form of more money to those states who meet the timelines; increase funds to those states who are the furthest behind, because they are the most in need of additional resources if they are to stay in compliance; significantly increase resources to all states at this critical time in policy planning and development, indicating federal commitment and support.

**Conflicting Federal Policies.** In order to address the problem regarding the conflicting federal policies relating to early intervention services, a variety of federal initiatives might be

considered. For example, efforts at the federal level through the Federal Interagency Coordinating Council (FICC) to provide more flexibility to states in meeting federal requirements would go a long way to facilitate the process of state policy development (Harbin & McNulty, in press).

The legislative branch might also consider actions to help address the disparate and conflicting federal policies. For example, Congress might consider some type of concurrent federal legislation that authorizes other agencies to make changes in their current policies, thus making those policies more complementary with Part H of PL 99-457. Another approach would be for Congress to hold joint hearings on laws that are in conflict. Since many states continue to question the extent of federal commitment to this initiative, an action by the federal government (either the legislative or administrative branch), that is designed to facilitate policy development at the state level instead of merely displacing responsibility to the states, would certainly be seen as a sign of substantial commitment.

**Administrative Flexibility.** Policies that stand the test of time will be grounded in science and literature, reflect the intent of the law, and make clinical sense. It is likely that many of the policies currently under development will need to be modified as states gain experience with the implementation of the law. It would be ideal if the federal administration could have the ability to provide alternative ways that allow states to demonstrate compliance. A few examples are: granting a waiver on a case by case basis, based upon the documentation of good faith effort; completing development of a comprehensive system in a single

region of the state; developing some components fully statewide (i.e. Child Find), while the state is allowed more time to develop other components. It is currently not clear whether the administration has the authority to utilize any of these possible options under current legislation and regulations.

It appears, however, that if states are to continue to participate after year three, some changes in the rules governing Part H of PL 99-457 or in the interpretation of these rules will be necessary in order to achieve full implementation by all states.

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